

CERTIFICATE NO – 1

CHILDREN OF SERVING ARMY PERSONNEL HAVING 10 YEARS CONTINUOUS SERVICE IN THE ARMY, RETIRED/ RELEASED/ DISCHARGED AFTER 10 YEARS OF SERVICE/KILLED IN ACTION/DIED DURING SERVICE/DISABLED IN ACTION/MEDICALLY BOARDED OUT WITH PENSION

(By OC Unit/Army Personnel Branch/DSS & A Board/Record Office)

1. Certified that Mr/Ms _____ is Son/ Daughter of No _____ Rank _____ Name _____ Unit _____ who has 10 years of continuous service in the Army from _____ to _____.

2. Certified that Mr/Ms _____ is Son/Daughter of No _____ Rank _____ Name _____ who has been released/ discharged from Army after 10 years continuous service from _____ to _____.

3. Certified that Mr/Ms _____ is Son/Daughter of No _____ Rank _____ Name _____ who has been granted/awarded regular pension, liberalised family pension, family pension or disability pension at the time of his superannuation, demise discharge, release medical board/invalided medical board.

4. Certified that Mr/Ms _____ is son/daughter of No _____ Name _____ ex recruit No _____ Name _____ who was medically boarded out and granted disability pension.

Place : OC Unit/Head of Department/
Records Office/DSS & A Board

Date : Name
Designation
Office Seal

Name and Signature of the Candidate

Name and Signature of Parent

Notes :

1. Strike out the portion which is not applicable.

2. If retired/released with pensionary benefits, attach Certificate from pension paying authority.

3. If retired/released on medical grounds with disability pension, attach copy of medical board proceedings.

4. If released/discharged after 10 years of service, attach copy of discharge certificate/ release order.

CERTIFICATE NO – 2

**STEP CHILDREN OF ARMY PERSONNEL WHO WERE BORN FROM WEDLOCK
WHERE AT LEAST ONE PARENT BELONGED TO THE ARMY/ADOPTED CHILDREN OF
ARMY PERSONNEL WHO HAVE BEEN ADOPTED ATLEAST 5 YEARS PRIOR
TO COMMENCEMENT OF COURSE**

(By Personnel Branch Army HQ/ OC Unit)

1. Certified that Mr/Ms _____ is son/ daughter of No _____
Rank _____ Name _____ Unit _____ and he/she
was born from wedlock where the father/mother belonged to Army and had served in the
Army for 10 years or is serving in the Army and has minimum 10 years of service.

2. Certified that Mr/Ms _____ is son/ daughter of No _____
Rank _____ Name _____, who has 10 years of service in the Army and
he/she was adopted on _____ (5 years prior to commencement of course).

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Signature & No, Rank and Name of the Parent

Place :	Signature of the Concerned OC Unit/ Concerned Record Office)
Date :	Name Designation Office Seal

Name and Signature of the Candidate

Notes:

1. Attach copy of legal papers and Part II order of adoption of child.
2. Attach Certificate/ Part II order of birth and copy of kindred roll.

CERTIFICATE NO – 3

**CHILDREN OF ARMY MEDICAL CORPS /AD CORPS OFFICERS SERVING
IN AIR FORCE /NAVY MEDICAL ESTABLISHMENT/MNS/APS AND TA PERSONNEL**

(By Parent, Countersignature by OC Unit)

1. I, No _____ Rank _____ Name _____
Father/Mother of _____ certify that:-

(a) I am/was commissioned in Army Medical/Army Dental Corps and have/had not been seconded to Navy or Air Force and have 10 years of service in the Army.

(b) I am/was commissioned in Army Medical /Army Dental Corps and have been transferred to Navy or Air Force but I have served in the Army for minimum ten years.

(c) I am an APS personnel on deputation who has put in more than 10 years of service in the Army from _____ to _____.

OR

(d) I am an APS personnel directly recruited into APS and who is still serving in Army wef _____

(e) I am a TA personnel who is in receipt of pension/who and has put in more than 10 years of embodied service in TA from _____ to _____.

(f) I am MNS personnel and who is in receipt of pension/who has put in more than 10 years of service as member of MNS.

Place :

Signature

Date :

Name, Designation and Unit

CERTIFICATE
(BY OC UNIT)

The facts in the above mentioned undertaking have been verified from official records and found correct.

Date :
Office Seal

OC Unit (for serving personnel)
DSS & A Bd(for retired personnel)
Name, Designation and Unit

COUNTERSIGNED

Date :
Office Seal

Concerned Staff Officer of Fmn HQs
(for serving personnel)
DSS&A Board(for retired personnel)
Name and Designation

Name and Signature of the Candidate

1. Strike out the portion /Para not applicable.
2. Relevant documents of service records.